



OVERHAULING THE MENTAL HEALTH SYSTEM IN ZAMBIA

NUMBER 6, NOVEMBER 2024

POLICY BRIEF

OVERHAULING THE MENTAL HEALTH SYSTEM IN ZAMBIA

CONTRIBUTORS: This policy brief was prepared by members of Mind Changers-Pals 4 Life (MCP4L), a local grassroots mental health advocacy group based in Lusaka, Zambia—Njavwa Sichula, Iledy Njobvu, Bristol Ntebeka, Kunda Bornface, Kutemwa Lungu, Mwamba Chisashi, Andrew Sakala, Shaun Lupobe, Barbara Mwambilwa, Grace Changwe, Chisanga Mulenga, and Charisse Ahmed.

EXECUTIVE SUMMARY

The purpose of this policy brief is to garner the attention of policy makers and stakeholders to promote strengthening and overhauling of the mental health system in Zambia. Mental health service delivery has been historically underfunded and neglected in policy frameworks and practice. There are several barriers to creating a robust mental health system that is accessible, safe, culturally sensitive, and non-stigmatizing including outdated policy, societal stigma, limited resources, and fragmented service delivery. While Zambia has made significant improvements to its mental health legislation, such as the progressive Mental Health Act of 2019, there remains a need for further reform to strengthen access, utilization, and quality of mental health services throughout the country. Based on a review of current policy, our key findings are:

KEY FINDINGS

- Major gaps in strengthening Zambia's mental health system include inadequate funding, lack of trained personnel, and weak infrastructure.
- Zambia's legal frameworks pertaining to mental health have been improved from a paternalistic, custodial approach to a human rights approach.
- The 2019 Mental Health Act, though a significant step, requires a comprehensive policy update to fully realize its potential.
- Policy frameworks regarding mental health are typically embedded within broader health and social welfare frameworks with limited focus and lac measurable action steps.

Recommendations include strengthening existing mental health policy frameworks through a holistic approach such as improved human rights protections, expanded preventive measures, improved public awareness, multisectoral collaboration, and workplace accommodations.

BACKGROUND AND OVERVIEW

Zambia's mental health system is wrought with significant challenges such as limited resources, fragmented service delivery, and societal stigma. The country's estimated prevalence of mental health disorders is 20% [1], and yet these conditions have historically been among the most neglected non-communicable diseases (NCDs) in the country. Zambia allocates less than 1% of its yearly total expenditure on mental health services [2]. This underinvestment is exacerbated by the disproportionate number of providers available to treat psychiatric patients in the country. Zambia has fewer than 10 psychiatrists serving a population of over 19 million people, and only 4.26 mental health professionals across various cadres (e.g., psychiatry, psychology, nursing, social work) are available per 100,000 people [3]. Public hospitals offer mental health services but not at a comprehensive level with very few clinics or health posts offering such services due to the low numbers of psychiatrists and other trained mental health workers.

Chainama Hills Hospital is the only specialized psychiatric hospital in Zambia with a 210-bed capacity[4], thus leaving most of the country without access to specialized psychiatric care. Furthermore, Chainama Hills is greatly stigmatized within the community. Some mental health disorders are often misunderstood as having supernatural or spiritual causes which perpetuates stigma and myths around complex conditions such as psychosis. False beliefs surrounding mental health serve as a major barrier to care and prevents utilization of services until symptoms become severe, creating missed opportunities for early identification and prevention. Even with the specialized services available within Chainama, there is little attention given to sub-specialties such as geriatric, reproductive, and addiction psychiatry. To make matters worse, there are limited psychotropic drugs available in the country to meet the demand for complex care.

Despite recent progressive reforms made to mental health legislation in the country, improvement is needed to fully enact a comprehensive mental health approach that enhances access, use, and quality of mental health services throughout the country. The World Health Organization (WHO) Mental Health Action Plan (2013-2020) asserts that countries should ensure their policies and laws related to mental health both protect and promote mental health. Although recent legislation in Zambia addresses human rights protections for mental health patients (Mental Health Act 2019), there are opportunities to strengthen existing policy to increase access to care and reduce stigma. Given the current mental health system crisis, the purpose of this policy brief is to:

- I. Review legislation, strategic plans, and policy frameworks in Zambia that are relevant to mental health, evaluate their strengths and weaknesses, and emphasize the necessity for change.
- II. Discuss alternatives to the current policy in Zambia while highlighting the pros and cons to each alternative option.
- III. Provide a final policy recommendation to strengthen or “overhaul” the mental health system to improve access, utilization, and quality of mental health services throughout the country.

I. REVIEW OF CURRENT LEGISLATIVE FRAMEWORK

An evolution of Zambia’s mental health policy development is provided, which demonstrates major improvements since the Mental Disorders Act from 1951. Table 1 also provides an abbreviated evaluation of the policies explained below, including the strengths and weaknesses of each policy and recommendations for improvement.

II. FINDINGS

Based on the review of Zambia’s mental health policy development, the key takeaways below which urges the necessity for change:

1. Zambia’s mental health policies have made important strides, especially with the introduction of the Mental Health Act in 2019. The legal frameworks have been improved from a paternalistic, custodial approach to a human rights approach. Zambia also is improving and further reforming its legal framework for regulating drug and alcohol use, a prevalent comorbidity of mental health disorders.
2. The 2019 Mental Health Act, though a significant step, requires a comprehensive policy update to fully realize its potential. The main challenges include resource limitations, stigma, insufficient or inconsistent implementation of policies, and the need for more comprehensive and focused strategies.
3. Policy frameworks regarding mental health are typically embedded within broader health and social welfare frameworks with an indirect or limited focus. Even where explicit mental health policies exist, there are gaps in implementation due to inadequate funding and insufficient trained personnel. Strategic plans and policy frameworks that address mental health often lacked measurable action steps and targets that can be evaluated for effectiveness.

Statement of Necessity for Change: The mental health policy framework in Zambia needs to be revised and updated to follow prevailing issues in the country. Zambia can create a more comprehensive and effective mental health policy that addresses the needs of its population and aligns with global standards.

III. DISCUSSION

Zambia can benefit greatly from updated policies that address the aforementioned gaps, which will position Zambia to better manage its growing mental health burden and meet international standards. The following policy alternatives to the current policy is proposed with pros and cons listed under each.

POLICY OPTION 1: STRENGTHENING EXISTING FRAMEWORKS

Zambia’s mental health policies have made important strides, especially with the introduction of the Mental Health Act in 2019. However, significant gaps remain, particularly in addressing suicide and depression. The main challenges include resource limitations, stigma, and the need for more comprehensive and focused strategies to address these critical issues. There is a need to strengthen existing frameworks to address the rising mental health challenges in Zambia, such as suicide. The absence of a dedicated suicide prevention strategy means that efforts to prevent suicide are fragmented and not well-coordinated. Zambia does not currently have a specific national suicide prevention policy framework or strategy, which is a significant gap in the country’s mental health framework. Zambia currently does not have a dedicated national suicide prevention strategy, which leaves suicide prevention efforts fragmented and lacking coordination. Cultural stigma surrounding mental health issues, particularly depression and suicide, prevents many individuals from seeking help. This stigma is not adequately addressed in existing policies. The following recommendations may address this gap.

1. **National Suicide Prevention Strategy:** The Zambian government, in collaboration with mental health professionals, NGOs, and international partners, should develop a comprehensive national suicide prevention strategy. This strategy should include awareness campaigns, community-based interventions, crisis intervention services, and support systems for individuals at risk of suicide.
2. **National Suicide Prevention Helpline:** Establishing a national suicide prevention helpline that is accessible 24/7 for immediate, confidential support, for individuals in crisis.
3. **Public Awareness Campaigns:** Launch nationwide campaigns to educate the public about mental health, focusing on reducing stigma and promoting understanding of depression and suicide. These campaigns should involve traditional leaders, religious organizations, and community influencers to ensure they resonate with diverse communities.
4. **Incorporate Mental Health Education in Schools:** Integrating mental health education into the school curriculum can help normalize discussions about mental health from an early age, reducing stigma overtime.

POLICY OPTION 1: STRENGTHENING EXISTING FRAMEWORKS	
PROS	CONS
<ul style="list-style-type: none"> • Emerging Focus: A growing recognition of the need for a specific strategy to address suicide and depression. • Reduction in Suicide Cases: Early identification and prevention of suicide cases through a national helpline. • Reduction of Stigma: Increased public awareness and educational initiatives can potentially reduce stigma and improve help-seeking. 	<ul style="list-style-type: none"> • Absence of a Comprehensive Framework: The country lacks a national suicide prevention framework, which may pose a challenge in development and coordination. • Stigma and Cultural Barriers: More public awareness may inadvertently reinforce negative cultural perceptions surrounding mental health and suicide. • Resource Limitation: There is a significant shortage of mental health professionals, facilities, and resources, particularly in rural areas. • Sustainability and Funding Challenges: Long-term financial investment in resources and consistent stakeholder support may pose a challenge to sustaining the proposed framework.

POLICY OPTION 2: COMPREHENSIVE MENTAL HEALTH REFORM

Comprehensive mental health reform is a bold and necessary approach to addressing the growing mental health crisis worldwide. This type of reform calls for a radical restructuring of the mental health system, with the goal of creating a more integrated, accessible, and equitable framework that can meet the diverse needs of individuals. This integration aligns with the World Health Organization’s (WHO) Mental Health Action Plan, which advocates for mental health care to be embedded within general health services and community settings.

The current system often falls short, characterized by fragmented services, long wait times, and insufficient support, especially for vulnerable populations. Most mental health services are provided in treatment facilities without decentralization to clinics or

community health posts for ease of identification and treatment. To address these issues, comprehensive reform aims to integrate mental health care into the broader healthcare system, enhance community-based services, and ensure that mental health is treated with the same urgency and importance as physical health. This radical approach prioritizes community, empowerment, and holistic care, aiming to create a more compassionate and effective mental health system. A comprehensive mental health reform with a radical approach could involve:

1. **Decentralization:** Shift from institutionalized care to community-based services, prioritizing local support networks.
2. **Patient-centered care:** Empower individuals to take ownership of their recovery, choosing their own paths and services.
3. **Prevention focus:** Invest in early intervention, education, and promotion of mental wellness.
4. **Workforce transformation:** Train a diverse range of practitioners, including peer support specialists and community workers.
5. **Funding reallocation:** Redirect resources from hospitals to community services, prioritizing prevention and support.
6. **Technology integration:** Leverage digital tools for accessible support, connecting individuals to resources.

POLICY OPTION 2: COMPREHENSIVE MENTAL HEALTH REFORM	
PROS	CONS
<ul style="list-style-type: none"> • Improved accessibility: Community-based services increase access to care, especially for underserved populations. • Personalized support: Patient-centered care allows individuals to tailor their recovery plans to their unique needs. • Reduced stigma: Nationwide awareness campaigns promote understanding and acceptance. • Increased efficiency: Decentralization and technology integration streamline services, reducing wait times. • Holistic approach: Addressing physical, emotional, and social well-being leads to more comprehensive care. • Empowerment: Individuals take ownership of their recovery, fostering autonomy and self-advocacy. • Cost-effective: Prevention and community-based services reduce long-term costs. 	<ul style="list-style-type: none"> • Financial cost: Costs associated with retraining healthcare professionals, upgrading facilities, integrating new technologies, and expanding services to meet the increased demand. • Systemic disruption: Overhauling the system can lead to short-term chaos and disruption of existing services. • Resistance from stakeholders: Healthcare providers, insurance companies, and even patients may be resistant to change, particularly if they are accustomed to the current system. • Workforce challenges: Attracting and retaining diverse practitioners, including peer support specialists. • Technology limitations: Digital tools may not be accessible or effective for all individuals. • Resource Allocation Challenges: Reallocation of resources may face political or bureaucratic hurdles. • Evaluation complexities: Assessing the effectiveness of a radically changed system can be challenging.

POLICY OPTION 3: INTEGRATION WITH PRIMARY HEALTHCARE

Primary health care is about providing essential care which is universally accessible to all individuals and families in the community and provided as close as possible to where people live and work. Providing mental health services in primary health care involves diagnosing and treating people with mental disorders; putting strategies to prevent mental disorders and ensuring that all primary health care workers can apply key psychosocial and behavioral skills, that includes interviewing, counseling and interpersonal skills in order to improve mental health services in primary health care. Primary health care is an essential component of well-functioning health system. Mental health services appear to have been inadequately incorporated into primary health care in Zambia, a problem shared among many low-income countries (Horton, 2007). There are specific strategies that can be undertaken to ensure integration of mental health service delivery into primary care.

1. **Training and capacity building:** Create opportunities to train and build capacity to improve health service delivery among primary care providers.
2. **Routine mental health screening:** Routine screening for common mental health disorders such as depression, anxiety, and

- post-traumatic stress disorder, can be offered in generalized clinics and health posts.
3. **Multi-sectoral collaboration:** Strengthen collaborations across multiple sectors to promote holistic care and create partnerships that will create a more robust system for referrals and problem-solve to limit fragmentation in service delivery. The integration will promote unity among different networks if well managed.
 4. **Lay health worker expansion:** Expand the role of lay health workers by providing them with psychotherapeutic skills and resources to patients in need of mental health services.
 5. **Implementation research:** Conduct implementation research to evaluate the effectiveness of integrating mental health into primary care and identify the gaps and needs for improvement.

POLICY OPTION 3: INTEGRATION WITH PRIMARY HEALTHCARE	
PROS	CONS
<ul style="list-style-type: none"> • Alleviate workload burden: Alleviate the burden of mental health specialists by training primary care providers in management of less severe mental health conditions. • Reduce Stigma: Providing treatment at primary health care can prevent people from being admitted into highly stigmatized psychiatric institutions and normalizes mental health treatment • Increased Access and Utilization: Reduce the cost of access, better management and improve the client retention as they undergo various treatments. On the other hand, this may lead to self-stigma among community members thus shunning away from local facilities. • Increased Mental Health Awareness: Primary health care services can facilitate community awareness and reduce stigma. • Generalist Capacity Building: Primary health care workers can be trained as first-line responders which could entail screening, early diagnosis and basic treatment. 	<ul style="list-style-type: none"> • Increased Demand for Referrals: Increased identification of mental health disorders could increase the need for referral systems among various stakeholders supplementing government efforts to treat and manage mental health disorders. • High Costs: Integrating will place a demand on the government to increase funding towards mental health services through budget allocations.

IV. RECOMMENDATION

Strengthening existing frameworks (Policy Option 1) is key to closing gaps in mental health policy in Zambia and is likely achievable given the adaptable infrastructure supporting policy development infrastructure that is amenable to revisions. Key mental health issues to focus on for strengthen existing policy is depression, suicide, and alcohol abuse. Women and girls are highly vulnerable to depression and suicide due to the high occurrence of gender-based violence, a human rights violation that can also be precipitated by alcohol misuse. According to the recent Zambia Demographic and Health Survey, 36% of women had experienced physical violence since age 15, and 17% had experienced sexual violence [5], 2019 #7). Furthermore, rates of suicide ideation is high within urban informal housing areas such as Mtendere and Kaunda Square compounds in Lusaka [6]. Lastly, high rates of alcohol consumption remain an ongoing challenge in the country due to loose regulation on alcohol sales. Harm reduction measures are being considered, such as stricter sale regulations and alcohol prevention programs, but are not yet fully implemented [7]. To address the challenges and align with global best practices, the revised mental health policy should incorporate the following key elements:

1. **Strengthened Human Rights Focus:** Reinforce the commitment to mental health as a fundamental human right, ensuring that all individuals have access to timely, quality care without discrimination.
2. **Expanded Preventive Measures:** Prioritize universal and selective prevention programs, focusing on addressing risk factors for mental disorders and shifting the focus from treatment to prevention.

3. **Enhanced Legislative Support:** Strengthen the implementation of the Mental Health Act, addressing challenges such as health worker protections and safety and ensuring effective enforcement of its provisions.
4. **Increased Resource Allocation:** Allocate adequate funding for mental health services, including infrastructure, human resources, and programs.
5. **Improved Public Awareness and Stigma Reduction:** Implement comprehensive campaigns to raise awareness about mental health and reduce stigma associated with mental illness.
6. **Strengthened Community-Based Models:** Expand access to community-based mental health services, including primary care integration, psychosocial rehabilitation, lay service delivery and peer support.
7. **Collaboration with Other Sectors:** Foster collaboration with other sectors, such as education, social welfare, and justice, to address the social determinants of mental health.
8. **Monitoring and Evaluation:** Conduct quarterly evaluations of the efficacy of the revised frameworks, with concrete metrics and standardized evaluation guidelines.
9. **Crisis Hotlines and Emergency Services:** National access to crisis hotlines and emergency services to prevent suicide and other forms of self-harm, and to manage needs of individuals with acute and severe mental health symptoms.
10. **Confidentiality and Privacy Protections:** Ensure that confidentiality and privacy is granted to all mental health patients, and mental health services should be provided in safe, therapeutic environments that are conducive towards protecting their privacy.
11. **Mental Health Screening and Assessment:** Integrate routine mental health screening and assessment into primary care, especially for early treatment and prevention.
12. **Treatment and Referral Protocols:** Robust and standardized mental health treatment and referral protocols are needed to improve treatment coordination and minimize fragmented delivery of services.
13. **Workplace Accommodations and Support:** Recognition and support for mental health in the workplace such as encouraging leave for self-care, bereavement, and mental health days.
14. **Culturally Sensitive Approaches:** Tailor programs to specific populations, addressing unique challenges and barriers, especially among low-income and marginalized communities.
15. **Community-Engaged Research:** Support the implementation of community-engaged research to mobilize the community to learn more about the issues concerning mental health and create holistic involvement of all sectors of society to determine and evaluate best practices for reducing stigma and increasing access to and utilization of mental health services.

The gaps in Zambia's mental health policies, particularly concerning suicide and depression, stem from several factors including resource limitations, stigma, lack of specific focus, and implementation challenges. Below are the identified gaps and strategies for closing them:

1. Lack of a Specific Suicide Prevention Strategy

- a. Gap: Zambia currently does not have a dedicated national suicide prevention strategy, which leaves suicide prevention efforts fragmented and lacking coordination.
- b. How to Close the Gap:
 - Develop a National Suicide Prevention Strategy: The Zambian government, in collaboration with mental health professionals, NGOs, and international partners, should develop a comprehensive national suicide prevention strategy. This strategy should include awareness campaigns, community-based interventions, crisis intervention services, and support systems for those at risk.
 - Set Up a National Helpline: Establishing a national suicide prevention helpline that is accessible 24/7 can provide immediate support to individuals in crisis.

2. Stigma and Lack of Awareness

- a. Gap: Cultural stigma surrounding mental health issues, particularly depression and suicide, prevents many individuals from seeking help. This stigma is not adequately addressed in existing policies.
- b. How to Close the Gap:
 - i. Public Awareness Campaigns: Launch nationwide campaigns and community-based programs to educate the

public about mental health, focusing on reducing stigma and promoting understanding of depression and suicide. These campaigns should involve traditional leaders, religious organizations, and community influencers to ensure they resonate with diverse communities.

- ii. Incorporate Mental Health Education in Schools: Integrating mental health education into the school curriculum can help normalize discussions about mental health from an early age, reducing stigma over time.
- iii. Creative expression and art therapy: Utilize art, music, and writing to promote mental health and expression.
- iv. Social Media: Encourage civil society to raise awareness of mental health on social media platforms
- v. Community mobilisation: Invest in community-based mental health advocacy groups to encourage participation of the lay public in raising awareness regarding mental health.

3. Resource Limitations

- a. Gap: There is a significant shortage of mental health professionals, facilities, and resources, particularly in rural areas, which limits the effectiveness of mental health services.
- b. How to Close the Gap:
 - i. Training and Capacity Building: Increase investment in training mental health professionals, including psychiatrists, psychologists, social workers, and community health workers. Partnerships with universities and international organizations could be leveraged to build local capacity.
 - ii. Incentives: Incentivize mental health workers to promote staff retention and increase motivation.
 - iii. Decentralize Mental Health Services: Strengthen community-based mental health services to ensure that even those in remote areas have access to care. This can be achieved by training community health workers in basic mental health care and establishing more community mental health centers.
 - iv. Leverage Technology: Utilize mobile health (mHealth) solutions, such as telepsychiatry and mental health apps, to provide remote support, especially in underserved areas.

4. Implementation Gaps

- a. Gap: Even where policies exist, there are often gaps in implementation due to inadequate funding, lack of trained personnel, and weak health infrastructure.
- b. How to Close the Gap:
 - i. Allocate Adequate Funding: The government should allocate sufficient funding to mental health within the national health budget. International donors and partnerships can also be tapped to supplement these resources.
 - ii. Strengthen Monitoring and Evaluation: Develop robust monitoring and evaluation frameworks to track the implementation of mental health policies and identify areas for improvement. Regular assessments will ensure that policies are being effectively translated into action.
 - iii. Enhance Inter-Sectoral Collaboration: Foster collaboration between the health sector, education, social welfare, and law enforcement to create a more coordinated and comprehensive approach to mental health. This includes integrating mental health services with other public services, such as schools and workplaces.
 - iv. School and workplace mental health literacy: Educate students and employees about mental health, reducing stigma and promoting support.

5. Outdated Policies and Lack of Integration

- a. Gap: Some policies are outdated and may not fully address current mental health challenges, particularly in integrating mental health into broader health systems.
- b. How to Close the Gap:
 - i. Update Existing Policies: Revise and update the Mental Health Policy to reflect current best practices and emerging challenges, such as the rising burden of depression and suicide among young people.
 - ii. Create a Multi-sectoral Mental Health Task Force: Created a multi-sectoral mental health task force can ensure the development of a comprehensive mental health policy that can be integrated across sectors to increase

access and reduce stigma that is often associated with psychiatric treatment facilities. In 2020, Kenya created a Mental Health Task Force that recognizes mental health as a national emergency (Ministry of Health Kenya, 2020).

iii. Data-driven strategies: Collect and analyze data to inform policy and program development.

6. Legal and Human Rights Protections

- a. Gap: While the Mental Health Act of [5] provides legal protection for individuals with mental health issues, awareness and enforcement of these rights are still limited.
- b. How to Close the Gap:
 - i. Raise Awareness of Legal Rights: Conduct awareness campaigns to inform the public, healthcare providers, and law enforcement about the rights of individuals with mental health issues under the Mental Health Act. This could involve distributing educational materials, conducting workshops, and leveraging media platforms.
 - Strengthen Legal Support Services: Establish legal aid services specifically for individuals with mental health issues to help them navigate the legal system and ensure their rights are protected.

V. CONCLUSION

Despite considerable reform in Zambia's mental health policy development, further policy development is needed to address pressing mental health issues in the country such as suicide, depression, and substance use. However, significant gaps remain a barrier to improving Zambia's mental health system such as resource limitations and lack of policy enforcement. Closing these gaps requires a multifaceted approach involving policy revision, resource allocation, public education, and stronger implementation frameworks. By addressing these gaps, Zambia can build a more robust and effective mental health system that adequately supports individuals with mental health challenges. Collaboration between the government, civil society, and international partners will be crucial in achieving these goals.

BIBLIOGRAPHY

- Ministry of Health, Zambia. [5]. Zambia National Mental Health Policy. Government of Zambia. https://www.moh.gov.zm/?wpfb_dl=129
- Ministry of Health, Kenya. (2020). Mental health and wellbeing: Towards happiness & national prosperity—A report by the Taskforce on Mental Health in Kenya. Ministry of Health. <https://mental.health.go.ke/download/mental-health-and-wellbeing-towards-happiness-national-prosperity-a-report-by-the-taskforce-on-mental-health-in-kenya/>
- Mwape, L., Sikwese, A., Kapungwe, A., Mwanza, J., Flisher, A., Lund, C., & Cooper, S. (2010). Integrating mental health into primary health care in Zambia: a care provider's perspective. *International Journal of Mental Health Systems*, 4, 1-9.
- Siachinji, M., Lyambai, K., & Milanzi, J. (2024). Suicide Ideation and Its Associated Factors among Men in Selected Compounds of Lusaka, Zambia. *Open Journal of Psychiatry*, 14(4), 300-318.
- The Borgen Project. (2021). Mental health in Zambia: Challenges and progress. <https://borgenproject.org/mental-health-in-zambia/#:~:text=In%20Zambia%2C%20mental%20health%20care,and%20provide%20proper%20psychiatric%20therapies>
- United Nations Office on Drugs and Crime. (2023, November). Africa unites to address substance use and mental health at African Union high-level summit in Zambia. Retrieved from <https://www.unodc.org/rosaf/en/stories/2023/November/africa-unites-to-address-substance-use-and-mental-health-at-african-union-high-level-summit-in-zambia.html>
- World Health Organization. (2018). Mental health atlas 2017. World Health Organization. https://www.who.int/mental_health/evidence/atlas/profiles-2017/ZMB.pdf
- World Health Organization. (n.d.). Promoting Health in All Policies and Intersectoral Action Capacities. Retrieved from <https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>
- Zambia Statistics Agency [5], Ministry of Health [5] [Zambia], & ICF. [5]. Zambia Demographic and Health Survey 2018. ZSA, MOH, and ICF. <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>

APPENDIX: OVERVIEW OF MENTAL HEALTH POLICY IN ZAMBIA

POLICY DOCUMENT	STRENGTHS	WEAKNESS	RECOMMENDATIONS
<i>Mental Health Disorder Act (1951)</i>	<ul style="list-style-type: none"> • Treatment and institutionalization of individual mental health disorder 	<ul style="list-style-type: none"> • Lacks appropriate language to describe individuals with mental health disorders • Inadequate human rights protections 	<ul style="list-style-type: none"> • Update language and provide provisions that protects the rights and dignity of individuals with mental health disorders (appropriate changes were made to the updated Act in 2019)
<i>Narcotic Drugs and Psychotropic Substances Act (1993)</i>	<ul style="list-style-type: none"> • Addresses a variety of issues related to drug use such as trafficking, manufacturing, possession, and use of narcotics and psychotropic substances 	<ul style="list-style-type: none"> • Strict penalties for drug-related offenses with limited provisions for the treatment and rehabilitation of individuals with substance abuse challenges 	<ul style="list-style-type: none"> • Focus on rehabilitation and prevention of drug abuse
<i>Zambia Public Health Act of 1995</i>	<ul style="list-style-type: none"> • Provides guidance on the promotion, treatment and prevention of mental disorders 	<ul style="list-style-type: none"> • Does not focus adequately address mental health 	<ul style="list-style-type: none"> • More focus on mental health and other non-communicable diseases
<i>National Mental Health Policy (2004)</i>	<ul style="list-style-type: none"> • Provides a comprehensive framework for addressing various mental health issues. -Supports a holistic approach to mental health service delivery that includes primary care and involvement of traditional healers 	<ul style="list-style-type: none"> • Inconsistent implementation • Limited access to mental health services, especially in rural settings. • Outdated legislation 	<ul style="list-style-type: none"> • Create strategies to improve implementation • Strengthen and expand the mental health workforce
<i>National Alcohol Policy (2018)</i>	<ul style="list-style-type: none"> • Emphasis on prevention and treatment of drugs abuse • A 2018-2021 strategic plan has been introduced to combat drug problems and money laundering. • Collaboration with regional and international organizations for capacity building • Discusses new alcohol policy in 2018 	<ul style="list-style-type: none"> • More regulation is needed due to the expansion of illegal drug use including the growth of online drug trafficking via the dark web • Lack of tight enforcement of alcohol sales leading to high consumption and availability 	<ul style="list-style-type: none"> • Integrate mental health services in substance abuse treatment program • Stricter law enforcement to prevent alcohol and drug offenses
<i>Mental Health Act of 2019</i>	<ul style="list-style-type: none"> • Focuses on human rights, lining with international human standards • Decriminalized suicide attempts • Establishment of a mental health council 	<ul style="list-style-type: none"> • Limited implementation of the policy due to resource constraints settings • Does not address rights and provisions for healthcare providers • Lack of awareness about the rights and provisions outlines in the Act 	<ul style="list-style-type: none"> • Launch public education campaigns to raise awareness about the rights and provisions of the Act • Provide additional resources and training for healthcare providers to ensure they can effectively implement the Act's provisions. • Establish regular monitoring and evaluation processes to assess the Act's implementation and impact
<i>National Adolescent Health Strategy (2017 to 2021)</i>	<ul style="list-style-type: none"> • Recognizes the importance of early interventions for adolescents. 	<ul style="list-style-type: none"> • Lack of implementation due to resource constraints • Covers only a short-term period • Lack of reliable data on adolescent mental health thus making it difficult to assess effectiveness of the strategies 	<ul style="list-style-type: none"> • Develop an updated strategy that addresses the shortcomings of the 2017-2021 plan. • Strengthen data collection systems to better understand adolescent mental health trends and outcomes • Advocate for more resources dedicated specifically to adolescent mental health programs
<i>Narcotic Drugs and Psychotropic Substances Act of 2021</i>	<ul style="list-style-type: none"> • An updated legislation provides a shift away from criminalizing drug abuse and focuses more on drug abuse prevention, treatment, and rehabilitation 	<ul style="list-style-type: none"> • Enforcement of the policy is limited • Strict punitive actions for drug offenders 	<ul style="list-style-type: none"> • Mitigate strict penalties for drug offenders and encourage recovery and help-seeking

POLICY DOCUMENT	STRENGTHS	WEAKNESS	RECOMMENDATIONS
Zambia National HIV/AIDS/STDS/TB Council Policy (2021; Amendment)	<ul style="list-style-type: none"> • Recognizes the psychological impact of living with chronic conditions and integrates mental health support into care plans. Encourages collaboration between health services, social services, and community organizations. • Aims to reduce stigma associated with both mental health and HIV/AIDS. 	<ul style="list-style-type: none"> • Mental health is often treated as a secondary issue • Mental health services are not consistently integrated across all HIV/AIDS and TB programs. 	<ul style="list-style-type: none"> • Elevate the importance of mental health within the overall strategy, ensuring it receives • Develop guidelines to ensure consistent integration of mental health services in all HIV/AIDS and TB programs. • Increase efforts to extend mental health services to rural and underserved populations.
National Health Strategic Plan (2022-2026)	<ul style="list-style-type: none"> • Recognizes mental health as a key component of overall health and includes it in the broader health strategy. • Prioritizes the strengthening of health systems, which indirectly benefits mental health services. • Considers initiatives for training healthcare workers in mental health. 	<ul style="list-style-type: none"> • Mental health is not addressed as substantially as other health issues, resulting in potential underfunding • Lacks specific, measurable targets 	<ul style="list-style-type: none"> • Ensure mental health is adequately addressed strategic planning and resource allocation • Establish clear, measurable targets for mental health outcomes. • Include mental health indicators in the overall monitoring framework of the strategic plan
National Health in All Policies Strategic Framework (2017-2021)	<ul style="list-style-type: none"> • A detailed blueprint for improving the health and living standards of Zambians by addressing key social determinants of health • An acknowledgement of substance abuse and the need to improve legislation in collaboration with other sectors outside of the Ministry of Health including public education 	<ul style="list-style-type: none"> • Mental health only addressed in a limited context • The framework is more of an aspirational document rather than fully realized 	<ul style="list-style-type: none"> • Integrate mental health in the framework in a more direct and comprehensive manner
Zambia Vision 2030	<ul style="list-style-type: none"> • Provides a long-term framework for health development, including mental health • The government is committed to improving health outcomes, including mental health 	<ul style="list-style-type: none"> • Mental health goals are broad and not well-defined, making it difficult to measure progress. • Mental health may not receive the level of funding and support needed to achieve Vision 2030's goals. 	<ul style="list-style-type: none"> • Define specific, measurable mental health goals • Advocate for dedicated resources to support mental health initiatives within the broader development framework. • Develop actionable plans to ensure the vision's mental health objectives are achieved.



140044: 781

For further information contact:

Tel: +260 761327702

Email: marja.hinfelaar@saipar.org

Address: SAIPAR, 32a District Road, Lusaka